## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # M91357

1219 E. TARPON AVE.

TARPON SPRINGS FL 34689

(7)

TYNER CORP.  Principal Place of Business  Mailing Address  1219 E. TARPON AVENUE TARPON SPRINGS FL 34689  TARPON SPRINGS FL 34689  TARPON SPRINGS FL 34689-5441									
						3. Date Incorporated or Qualified 07/28/1988	3a. Date of Last Report 05/01/1996		
	lace of Business	28. Mailing Address			4. FEI Number	Applied For			
Suite, Apt	#, etc	26 Suite, Apt #, etc.			65-0070748  5. Certificate of Status Desired	Not Applicable  \$8.75 Additional Fee Required			
City & Stat	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 4	Country 25  9. Name and Address of Curre	Zip 29	30 Cou	intry		8. This corporation has liability for inflored Statutes  10. Name and Address of New Re	Yes [	] No	s. <b>19</b> 9.032,
TYNER, MURIEL 1219 E. TARPON AVE. TARPON SPRINGS FL 34689				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code					o Code
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607.05 ogistered agent, or both, in the Stat im familiar with, and accept the obligation of the obligation of the section of	e of Florida Such change was gations of, Section 607.0505, f	s authorize Florida Stat	d by lutes	the corpora	coration submits this statement for the p tion's board of directors. I hereby accep ared when reinstating)	urpose of on the appoint	changing intment a	its registered s registered
12.		ND DIRECTORS 13		3.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	
TITLE NAME STREET ADDRESS CHY-ST-Z-P	TYNER, EARL 1219 E. TARPON AVE. TARRON SPRINGS FLORINGS			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				Change	Addition
TITLE	n VIII Issue	DELETE DELETE	2.1 TO 2.2 N	TLE		144 Page 1, 144 Pa	, , , , ,	Change	Additio

DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME SURFEL ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

44 CITY - ST - ZIP

2.3 STREET ADDRESS

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

2. 4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

DELETE

DELETE

14. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by charge 807 Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or Block 15 or Block 15 or Block 15 or Block 15 or Block 16 or Block 17 or Block 18 or Block 18 or Block 19 or Block

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIF

C/TY - ST - 7IP

CHY-ST-ZIP

THLE

NAME

THLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 (6/3) 846-8358

Change

Change

Addition

Addition

**FILED** 

May 12 1997 8:00am

Secretary of State